

RECEIVED
CENTRAL FAX CENTER



NOV 21 2005

**Cardiac Rhythm Management Division
701 East Evelyn Avenue
Sunnyvale, California 94086**

FACSIMILE COVER SHEET

Deliver to:	Greene, Dana D.; USPTO	Art Group:	3762
Facsimile No.:	571-273-8300	Date:	November 21, 2005
Application No.:	10/737,232	Filing Date:	December 15, 2003
Our Docket No.:	VT0329-US1	No. of pgs including cover sheet: 15	
From:	Steven M. Mitchell, Reg. No.: 31,857		

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: Response (12 pgs)	<input type="checkbox"/> Issue Fee Transmittal (In duplicate)
<input checked="" type="checkbox"/> Transmittal/Fee Transmittal (2 pg)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Appeal Brief (in triplicate) (____ pgs)	<input type="checkbox"/> Petition for:
<input type="checkbox"/> Application: ____ pgs w/ cover & abstract	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Assignment & Recordation Cover Sheet (____ pgs)	<input type="checkbox"/> Reply Brief (____ pgs)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time:	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Other:	

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at fax no.: 571-273-8300.


Esther Campbell 11/21/05
 Date

Confidentiality Note: The documents accompanying this facsimile transmission contain information from St. Jude Medical CRMD which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (408) 522-6181 and ask for Esther Campbell.

NOV-21-2005 MON 01:17 PM ST JUDE MEDICAL CRMD

FAX NO. 4087380285

P. 02/15

RECEIVED
CENTRAL FAX CENTER Docket No. VT0329-US1

NOV 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Eric S. Fain

Application No.: 10/737,232

Filed: December 15, 2003

For: Apparatus and Method for Improved
Morphology Discrimination in an
Implantable Cardioverter Defibrillator

Examiner: Greene, Dana D.

Art Unit: 3762

Confirmation No.: 6366

Atty. Docket: VT0329-US1

MailStop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL/FEE TRANSMITTAL

Dear Sir:

Submitted herewith for filing are the following documents:

12 page(s) Amendment and Response to Office Action

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage, via Express mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type) Esther L. Campbell

Signature Elth Campbell

Date 11/21/05

Docket No. VT0329-US1

CALCULATION OF FEES					
ITEM	NO. OF CLAIMS FILED - NO. OF CLAIMS PREVIOUSLY FILED	NO. OF ADDITIONAL CLAIMS FILED	LG ENTITY FEE	\$ AMOUNT	\$ FEE
A TOTAL CLAIMS FEE	22 - 22 =	0	X \$ 50	\$ 0	\$ 0.00
B INDEPENDENT CLAIMS FEE**	5 - 5 =	0	X 200	0	0.00
C SUBTOTAL - ADDITIONAL CLAIMS FEE (LINES A + B)					\$ 0.00
D MULTIPLE-DEPENDENT CLAIMS FEE LARGE ENTITY FEE = \$360					
E BASIC FILING FEE*LARGE ENTITY = \$300					
F SEARCH FEE * LARGE ENTITY = \$500					
G EXAMINATION FEE * LARGE ENTITY = \$200					
H TOTAL FILING FEE** (ADD TOTALS FOR LINES C, D, E, F AND G)					\$000.00

<input checked="" type="checkbox"/> Charge Deposit Account No. 22-0265	the amount of	\$00.00	A copy of this fee transmittal is enclosed.
--	---------------	---------	---

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 22-0265:

Any additional filing fees required under 37 CFR 1.16.
 Any patent application processing fees under 37 CFR 1.17.

The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 22-0265:

Any patent application processing fees under 37 CFR 1.17.
 Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,



Steven M. Mitchell
Attorney for Applicant(s)
Reg. No. 31,857

Date: 11/21/05

CUSTOMER NUMBER: 24473

RECEIVED
CENTRAL FAX CENTER

Patent

NOV 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Eric S. Fain
Application No.: 10/737,232
Filed: December 15, 2003
For: APPARATUS AND METHOD
FOR IMPROVED MORPHOLOGY
DISCRIMINATION IN AN
IMPLANTABLE CARDIOVERTER
DEFIBRILLATOR

Confirmation No. 6366
Examiner: Greene, Dana D.
Art Unit: 3762

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated August 25, 2005, Applicant respectfully requests that the above-identified application be amended as follows and that the following remarks be considered:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile Transmitted to Mailstop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, at Fax No.: 571-273-8300 to Examiner DANA D. GREENE on the date shown below:

Name (Print/Type) Esther L. CampbellSignature Esther Campbell Date 11/21/05